

TNF α -mediated autophagy inhibition disrupts platelet metabolism and hemostatic function in inflammatory diseases

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Introduction

Platelets are critical for hemostasis, undergoing structural and functional changes upon activation that require substantial mitochondrial ATP production. Mitochondrial dysfunction is linked to inflammatory conditions with high rates of thrombotic and hemorrhagic complications, including cardiovascular disease (CVD), cancer, diabetes, myeloproliferative neoplasms (MPNs), and rheumatoid arthritis (RA), as well as aging. We demonstrated that exposure to TNF α increases mitochondrial mass and alters the expression of genes involved in autophagy in platelets¹.

Autophagy removes damaged or long-lived proteins, lipids, carbohydrates, and organelles. Mitophagy, a selective form of autophagy, degrades dysfunctional mitochondria, serving as a quality control mechanism to maintain mitochondrial integrity and cellular bioenergetics. Defective mitophagy leads to the accumulation of dysfunctional mitochondria, and decreased ATP levels².

Altered platelet autophagy has been recently observed in patients with inflammatory conditions such as sepsis, diabetes, and ischemia/reperfusion³⁻⁵. However, the mechanisms underlying these alterations and their implications for hemostasis remain unclear.

Hypothesis

TNF α inhibits autophagy and mitophagy in platelets, disrupting their metabolism and hemostatic function.

Results

MPN Platelets Contain Dysfunctional Mitochondria, Are Hypometabolic, and Exhibit an Aberrant Functional Profile

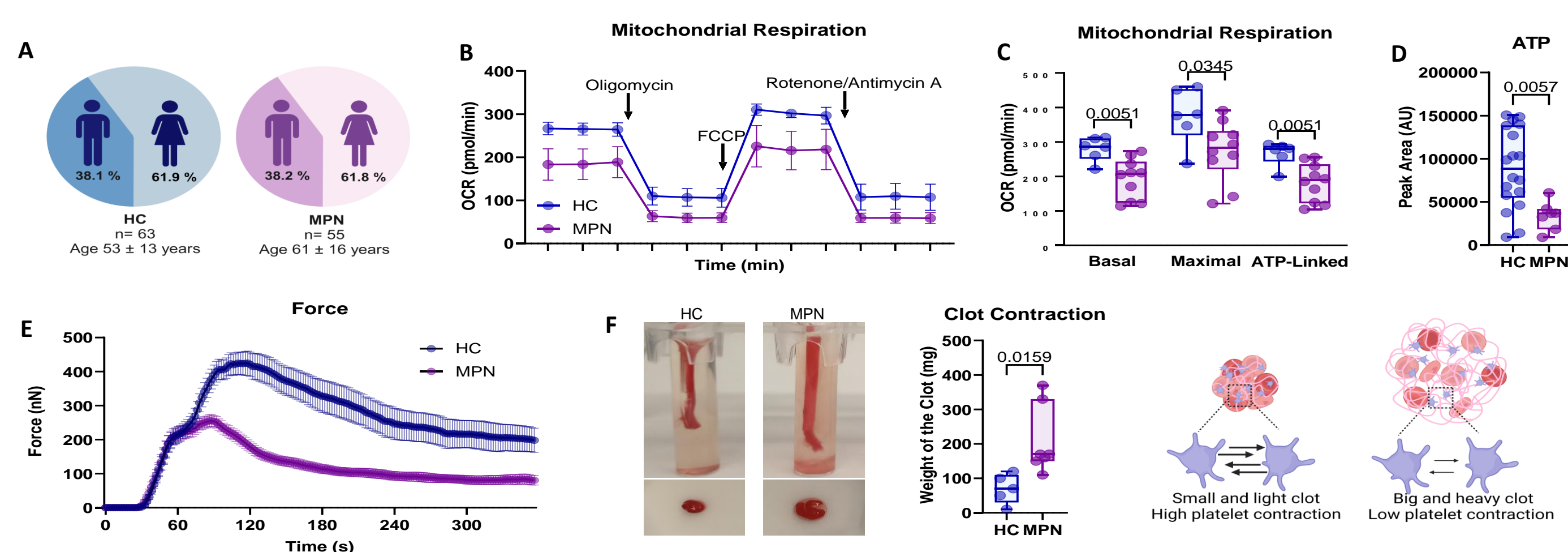


Figure 1. MPN Platelets Contain Dysfunctional Mitochondria, Are Hypometabolic, and Exhibit an Aberrant Functional Profile. (A) Demographic information from healthy controls (HC) and patients with JAK2^{V617F+} polycythemia vera (hereafter referred to as MPN). (B) Mitochondrial respiration. (C) Basal, maximal, and ATP-linked respiration. (D) ATP levels. (E) Platelet force assay with the ATLAS system. (F) Clot contraction using normalized platelet counts.

Autophagy and Mitophagy are Blocked in MPN Platelets

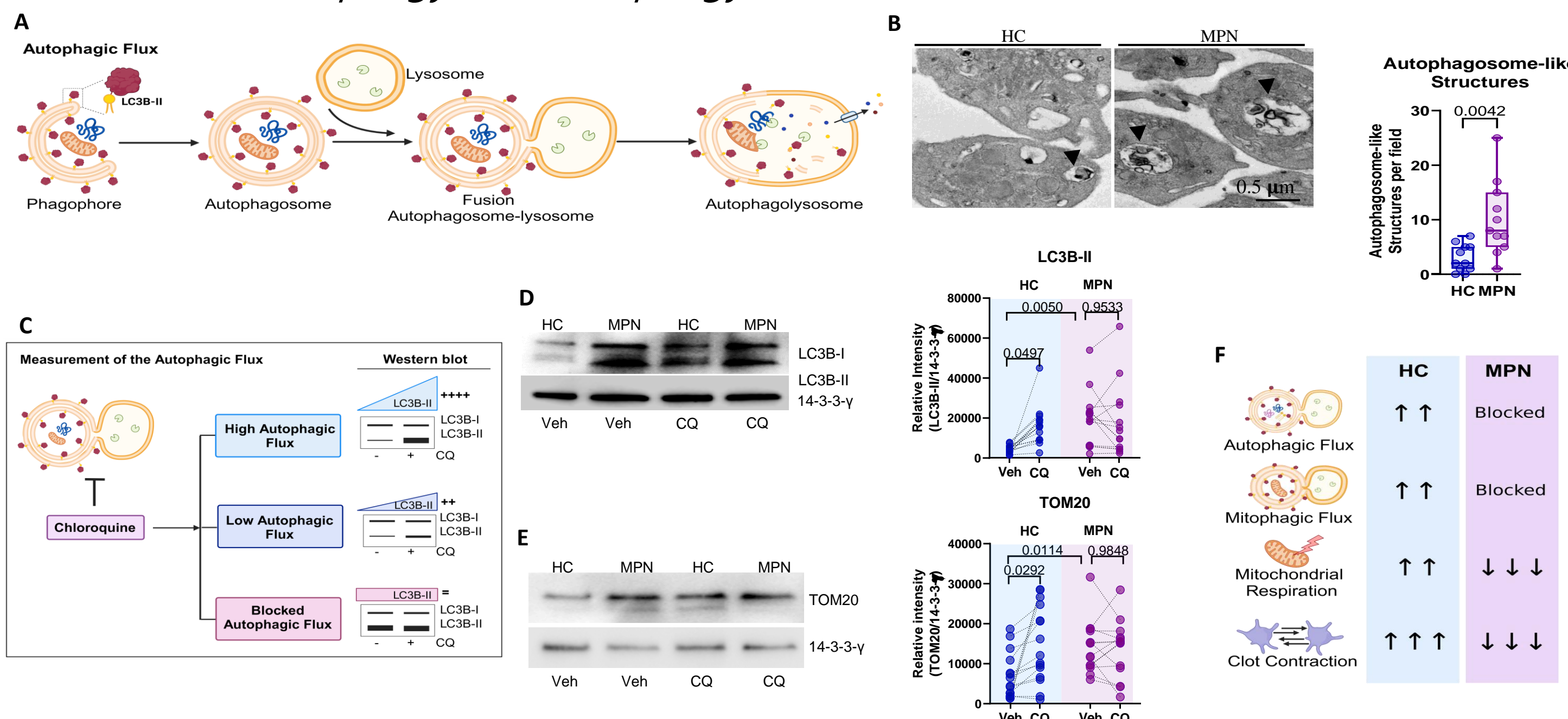


Figure 2. Autophagy and Mitophagy are Blocked in MPN Platelets. (A) Diagram of the autophagic flux. (B) Transmission electron microscopy analysis. (C) Methodology for determining the autophagic flux status. (D) Immunoblot of LC3B-II protein. (E) Immunoblot of TOM20 protein. (F) Summary.

Results

Autophagy Blockade Decreases Mitochondrial Respiration and Platelet Contraction

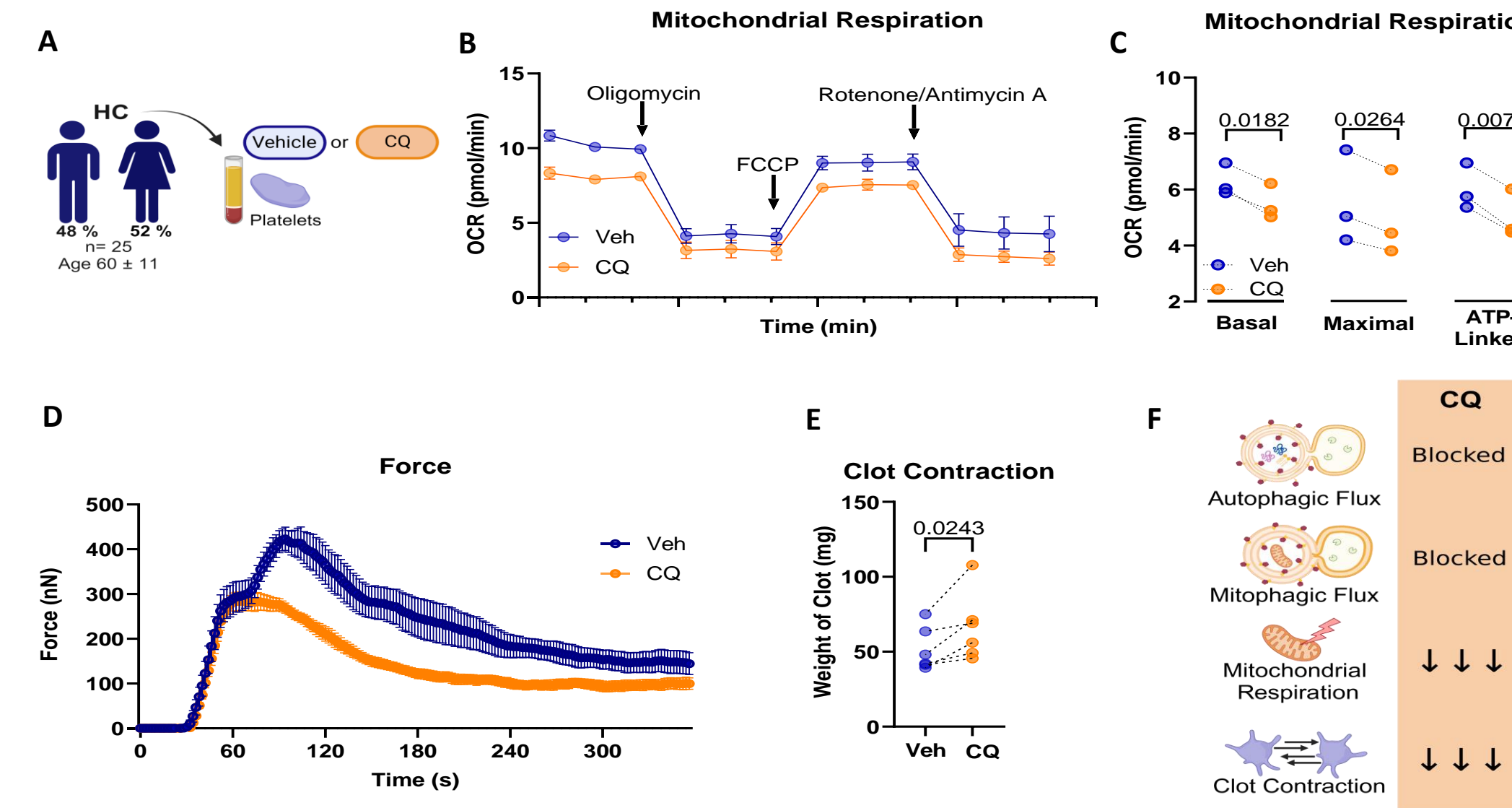


Figure 3. Autophagy Blockade Decreases Mitochondrial Respiration and Platelet Contraction. (A) Methodology. (B) Mitochondrial respiration. (C) Basal, maximal, and ATP-linked respiration. (D) Platelet force assay. (E) Clot contraction. (F) Summary.

Platelets from a Mouse Model of RA/IBD Have a Blocked Autophagy and Mitophagy

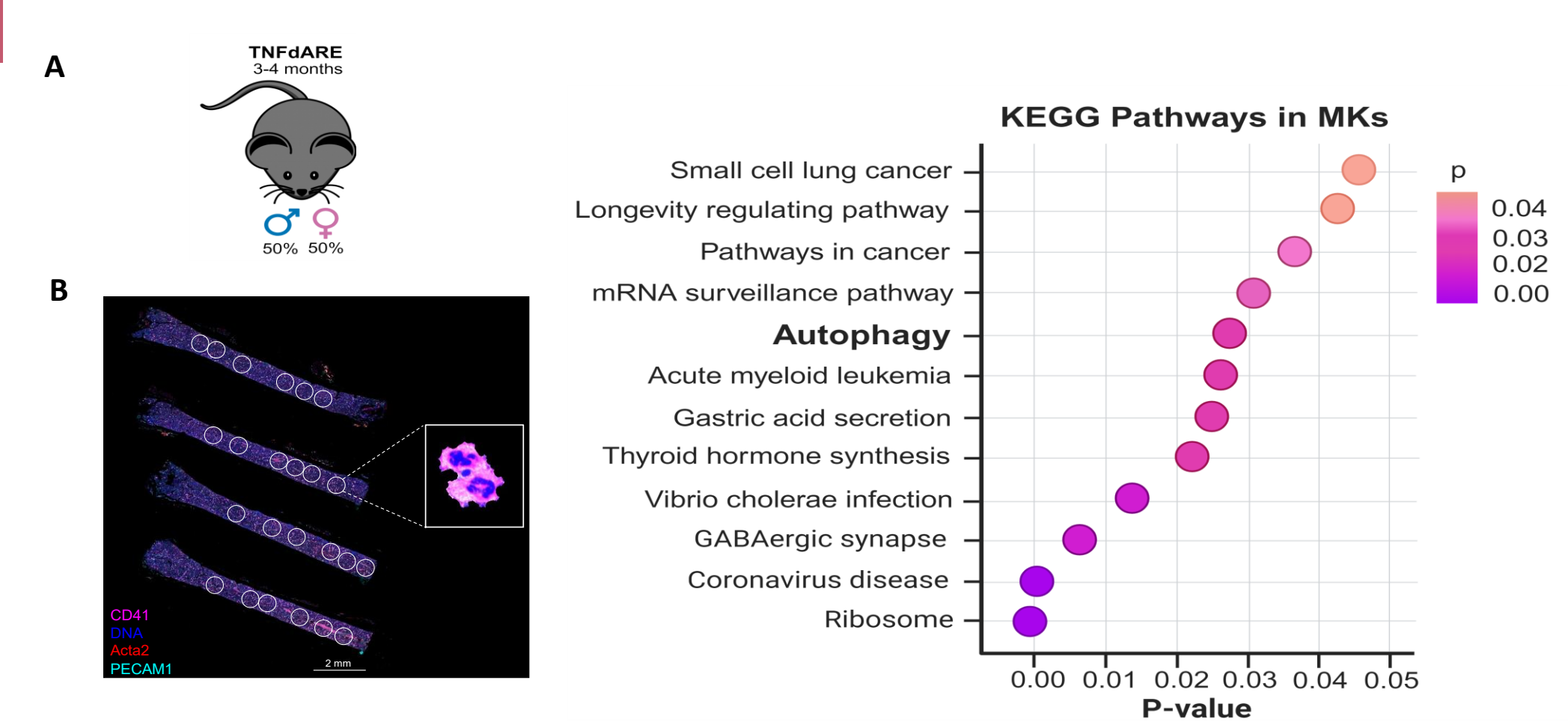


Figure 5. Platelets from a Mouse Model of RA/IBD Have Blocked Autophagy and Mitophagy. STX17 Modulates Platelet Metabolism and Function. (A) TNF α RE mice is a RA/IBD model. (B) Spatial RNA transcriptomics from megakaryocytes from the bone marrow. (C) Immunoblot of LC3B-II and TOM20. (D) Immunoblot of STX17. (E) Clot contraction. (F) Summary.

Anti-TNF α Therapy Restores STX17, Autophagy, and Mitophagy in Platelets from a Mouse Model of Aseptic Inflammation

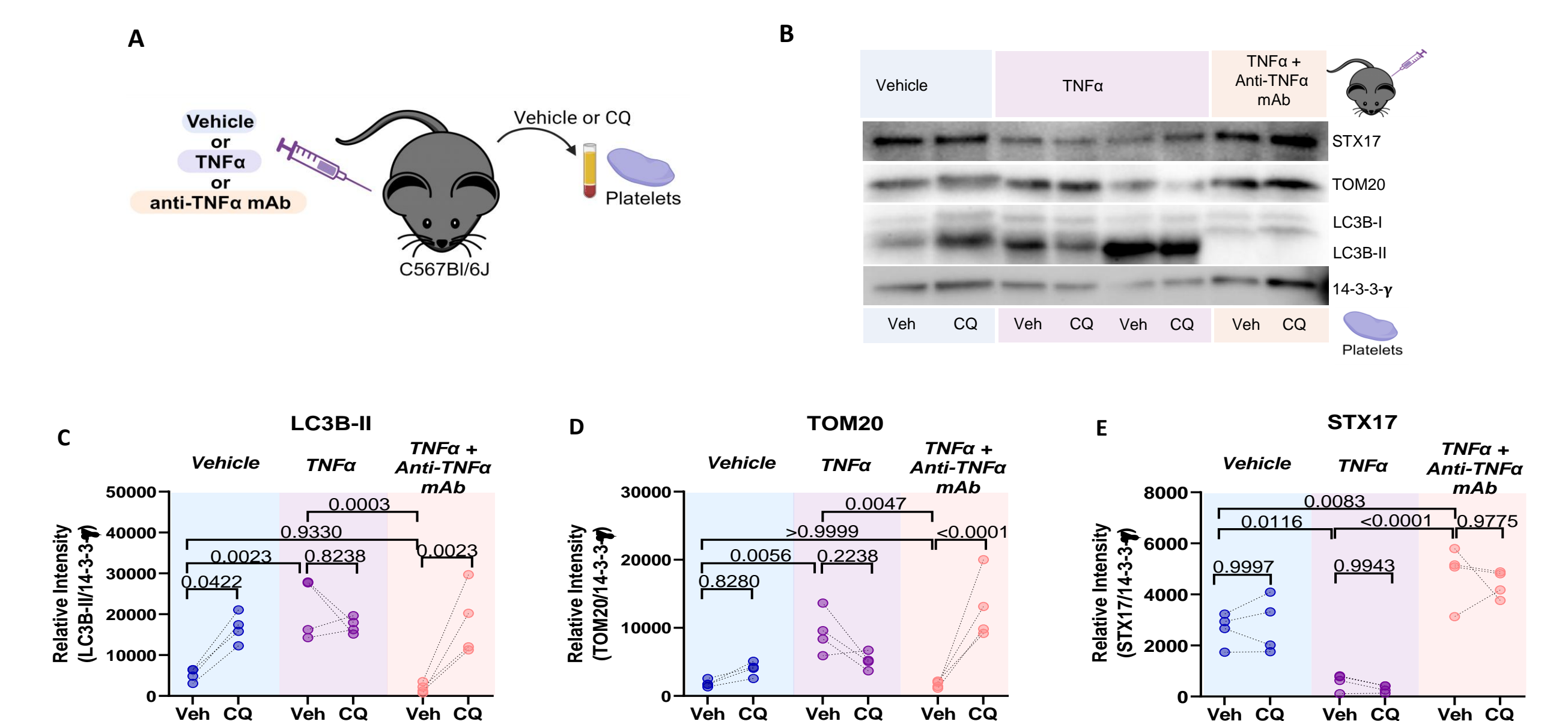


Figure 6. Anti-TNF α Therapy Restores STX17, Autophagy and Mitophagy in Platelets from a Mouse Model of Aseptic Inflammation. (A) Methodology. (B) Immunoblot of LC3B-II, TOM20, and STX17. Analysis of (C) LC3B-II, (D) TOM20, (E) STX17.

STX17 Modulates Platelet Metabolism and Function

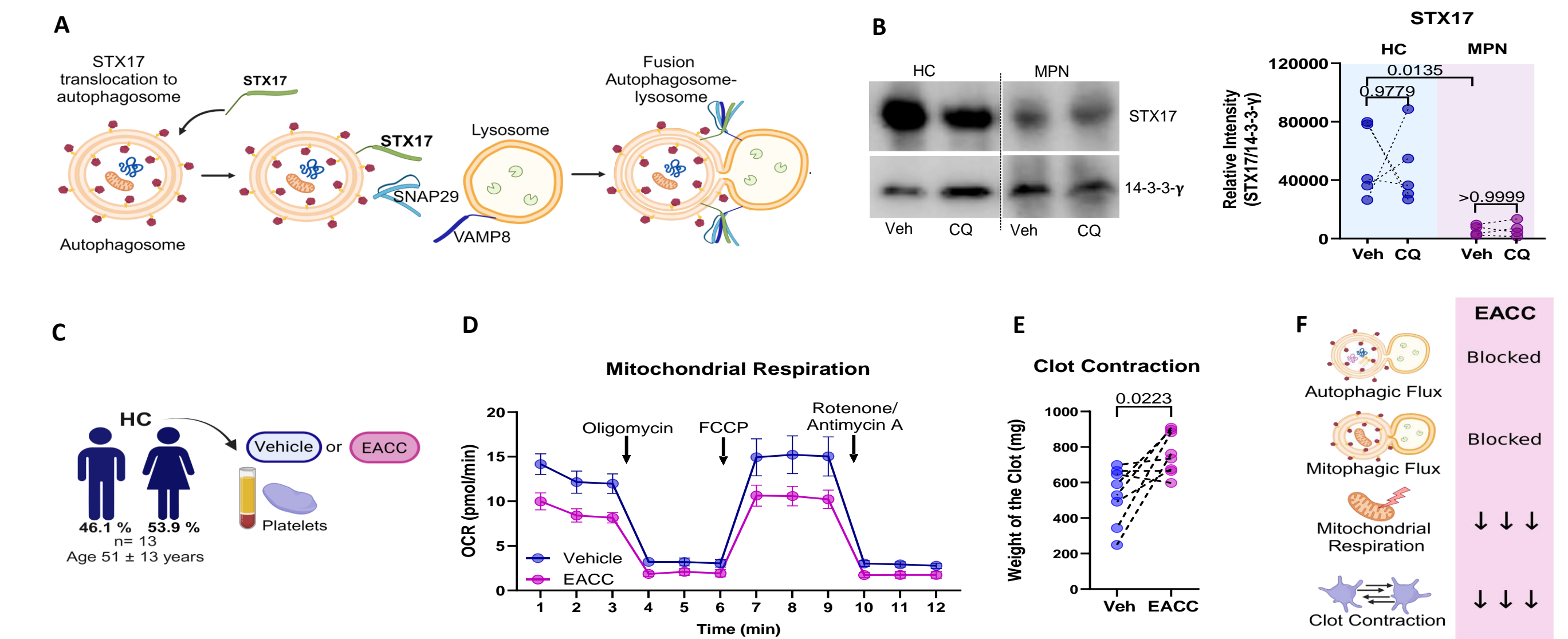
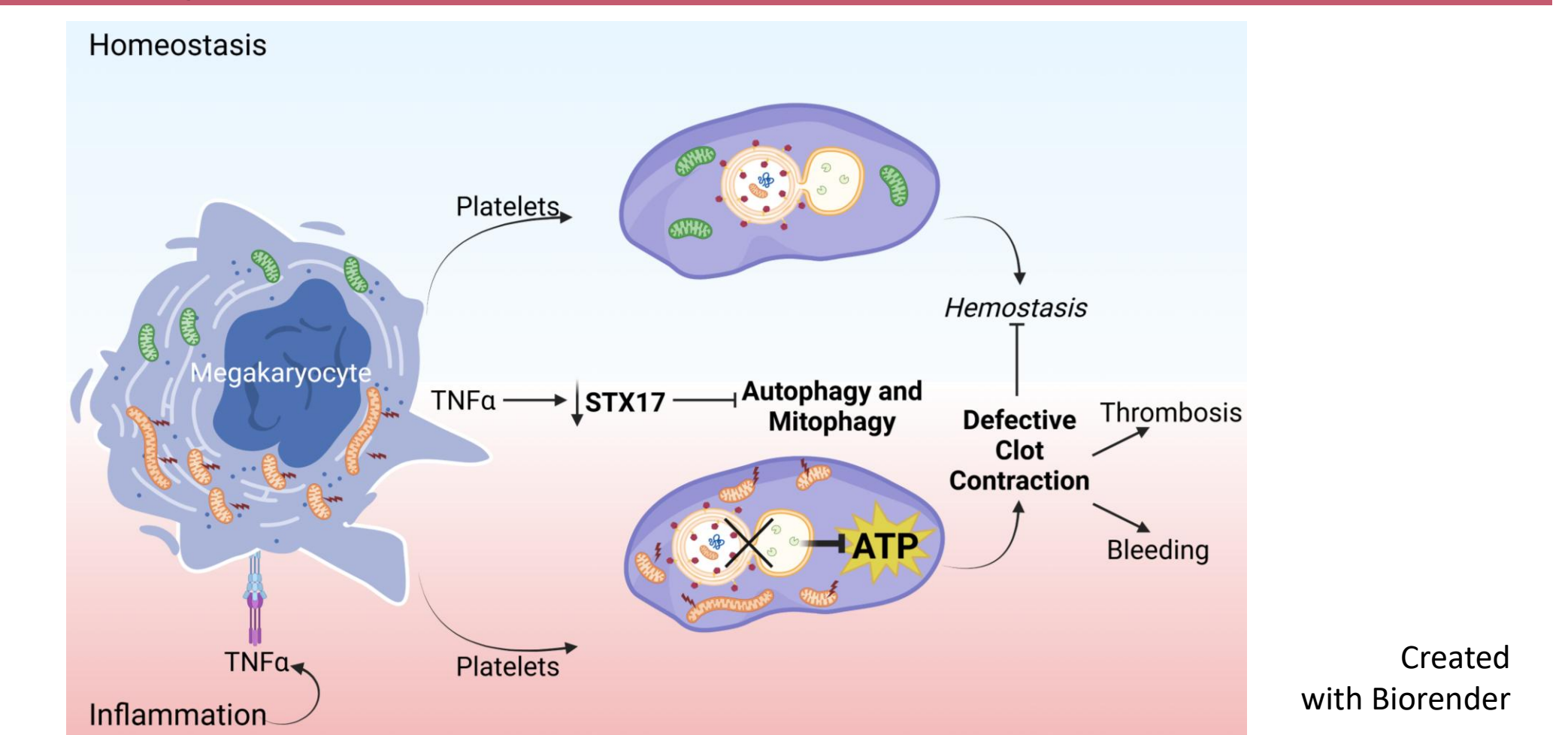


Figure 4. STX17 Modulates Platelet Metabolism and Function. (A) Diagram of STX17 mechanism in the autophagic process. (B) Immunoblot of STX17. (C) Methodology. (D) Mitochondrial respiration. (E) Clot contraction. (F) Summary.

Summary



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Acknowledgments

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